

Application for Methods and Means Disability Exemption

Under 5 AAC 92.104, the Alaska Department of Fish and Game may issue a special exemption to provide meaningful access to department services, programs or benefits for persons with disabilities.

ALL PARTS OF THIS FORM MUST BE COMPLETED

PART 1— Description of nature and extent of patient's disability (to be completed by physician):

Patient's Name

Physician's Printed Name & Signature

Patient's Address

Physician's License # / Alaska

PART 2 (to be completed by Applicant)

For what regulation are you requesting an exemption? _____

What exemption are you requesting? _____

Dates of requested exemption: from _____ to _____.

PART 3 — Applicant's Statement: Explain how the regulation prevents or limits participation in an activity or department program (e.g., a particular hunt).

PLEASE ATTACH A SEPARATE SHEET OF PAPER FOR ADDITIONAL COMMENTS/INFORMATION.

I have personally reviewed the information in this application and I certify under penalty of perjury that to the best of my knowledge and belief the information provided herein is true and correct.

Applicant's Signature

Date

(This exemption request must be submitted to Alaska Department of Fish and Game, Division of Wildlife Conservation, P.O. Box 25526, Juneau, AK 99802 no less than 30 days before the requested effective date of the exemption.)